MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.
10/587535

FILING DATE

APPLICANT(S)

CL	ıA	I	MS

• •	AS F	ILED	1" AME	TER NDMENT		TER ndment			AS F	TLED		CER NDMENT	AF	TER
	IND.	DEP.	IND.	DEP.	IND.	DEP.	1		IND.	DEP.	IND.	DEP.	IND.	DI
1]	51			23 (2)	DDI.	L.I.D.	12
2	<u> </u>	1]	52						
3	 	.					ľ	53						\vdash
4	 	1						54						
5		,,,						55						
7	· · · · · ·	 						56						
8	 , 							57						
9	 				7			58			-			ļ
10	 							59 60				· · ·		<u> </u>
11	-	7'						61			<u> </u>		· · · · · ·	
12		77			7			62						
13								63						
14		1						64						
15		1						65						
16								66					·····	٠
17	 							67						
18								68						
19	 	<u>. </u>	ļ				i	69	·	,,				
20 21	 							70]					
22	 	<u>:</u>						71						
23								72						
24	 							73						
25								74 75						
26								76						
27								77						
28								78					·	
29								79	·					
30								80						
31								81						-
32	·							82				-		
33		· · ·						83						ſ.
34								84						
35 36							J	85						
37							į	86						
38					+			87						
39	 						ŀ	88	—— <u> </u>					
40							· }	89 90						
41							ŀ	91						_
42							· }	92					:	
43							ŀ	93						
44							ŀ	94			+			
45							t	95						<u> </u>
46							Ī	96						
47							1	97					f	
48				·			1	98						
49 50		<u> </u>						99						
50 OTAL							[100						
IND.	3	₩ [♣		♣		TOTAL IND.		+		+		1
OTAL DEP.	13.	← [+ [←	Ī	TOTAL DEP.		4		<u>.</u>		<u>.</u>
OTAL LAIMS	16						 	TOTAL CLAIMS						
NO - 1360	(REV. 11/04)					and the second of the second			บ	.S. DEPART	MENT of CO	MMERCE		